

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wilford Anderson						CERTIFICATE OF DEATH	
Died at	Town	County			MARYLAND		
Date of death 190	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Occupation	Baltimore				
Married, Single or Widowed	Single				Baltimore		
Name of Wife or Husband					167		
Father's Name	John Anderson				Father's Birthplace	Scotland	
Mother's Maiden Name	Hafella Miller				Mother's Birthplace	Baltimore	
Name of person giving information	John Anderson				How related to deceased	Daughter	

CAUSES OF DEATH

Primary

Death result of falling in tub

shotwater

How long 24 hours

Immediate

Concussions

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

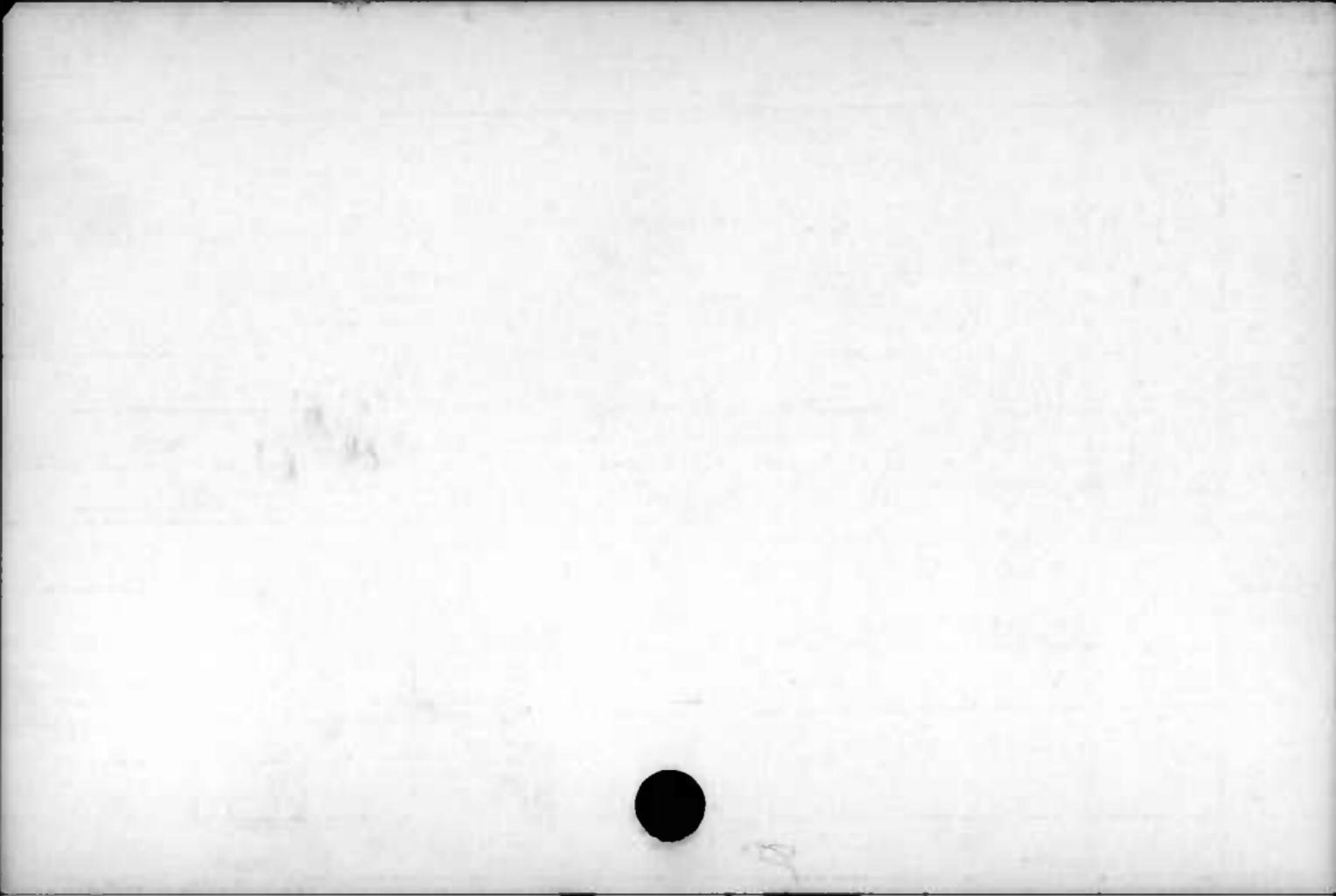
Signature of Physician

Address

W.R. Skilling,
Baltimore

Accident or Suicide?

Accident



Name
in
Full

Hloysius B Bearded

CERTIFICATE OF DEATH

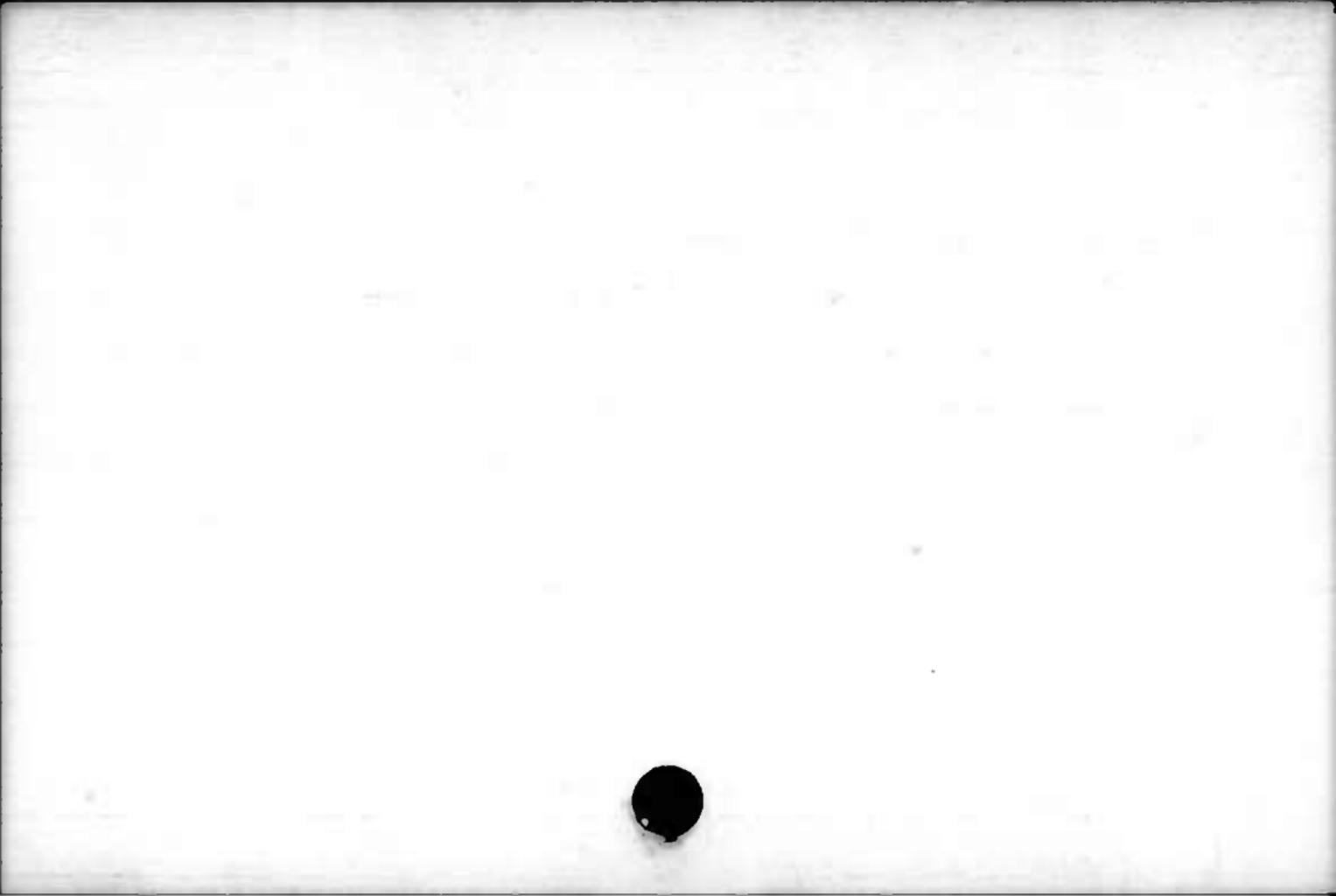
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
		Cumberland	Allegany		MARYLAND	
Date of death 1902	Month	Day	Years	Age	Months	Days
	12	24		38		
Sex	Male	Color or Race	White	Birth- place	Kentucky	
Married, Single or Widowed	Married	Occupation	Tender of coal tipple			
Name of Wife or Husband						
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information		166.			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	R.R. accident	How long	48 hours
Immediate	Cerna	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C.B. Claybrook
		Address	Cumberland
Accident cause			



<u>Abraham Bridges</u>	
Town	County
<u>Barnells vicle</u>	<u>Alleghany</u>
Died at	MARYLAND
Date	Month Day Y. M. D.
1902 Dec 19	Age 57
Male	Native of
Female	<u>America</u>
White	Occupation
Colored	<u>Farmer</u>
Singl	Number of children living
Widow	8
Husband of	<u>Margaret Elliott</u>
Father's Name	Mother's Name
Cause of Death	Suppression urinæ Lobar Pneumonia
Primary	93
Immediate	How long sick
3 day	Accident, Suicide, Homicide
Reported by	Edward Doctes M.D.
Address	WT Savage Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

j



Name
in
Full

Miss Eva Brode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death 190	Month	Day	Years	Months	Days		
Female	Color or Race	White	Birth-place	Maryland			
Married, Single or Widowed	Occupation	Single School-Girl					
Name of Wife or Husband	Ada Brode						
Father's Name	Mr Francis Brode					Father's Birthplace	Maryland
Mother's Maiden Name	Ada Bergman					Mother's Birthplace	Lisine
Name of person giving information	Mrs Ada Brode 47					How related to deceased	Mother

CAUSES OF DEATH

Primary ^{acute} Rheumatic fever with ^{Hyperpyrexia} exudative How long

Immediate Pericarditis How long Five days.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. S. Howard M.D.

Yes

Vale Summit
Maryland

Accident or Suicide?

Val Summit

to

Eckhardt, Sonja

Sonja

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Viola Buckholtz

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1902	Month Dec	Day 25	Years —	Months 2	Days —	
Sex	Female	Color or Race	White	Age	Birth-place	Lonaconing	
Married, Single or Widowed	Single	Occupation	None				
Name of Wife or Husband							
Father's Name	Charles Buckholtz			Father's Birthplace	Germany		
Mother's Maiden Name	Elizabeth Wilson			Mother's Birthplace	Franklin Md		
Name of person giving information	Mrs Chas Buckholtz			How related to deceased	Mother		

CAUSES OF DEATH

Primary	Capillary Bronchitis 92		How long	2 days
Immediate	Meningitis		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.B. Skilling	
		Address	Lonaconing,	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John H. Root

CERTIFICATE OF DEATH

MARYLAND

Died at Cumberland

County
allegany

Date
of death 1902

Month
Dec.

Day
25

Age
61

Years

Months
9

Days

Sex Male

Color or
Race

White

Birth-
place

Pa.

Married, Single
or Widowed

married

Occupation

Manger Milling Co.

Name of Wife or
Husband

Mary Root

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

James Root

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Paralysis

How long

7 days

Immediate

Exhaustion

66.

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thos. H. Root, D.D.P.

Address

Cumberland

Md.

Accident or Suicide?



Name
in
Full

Mrs Eliza Cowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Cumberland</u>	County <u>Alleghany</u>	MARYLAND		
Date of death 190	Month <u>2 Dec</u>	Day <u>3</u>	Age <u>86</u>	Years	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation <u>Housework</u>		Birthplace <u>Pittsburgh Pa</u>		
Married, Single or Widowed <u>widow</u>						
Name of Wife Husband <u>Cowden</u>						
Father's Name <u>Alexander Park</u>				Father's Birthplace <u>Pittsburgh Pa</u>		
Mother's Maiden Name <u>Do not know.</u>				Mother's Birthplace <u>"</u>		
Name of person giving Information <u>Jos. - Griffith</u>				How related to deceased <u>Grandson</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Infirmities of age

How long
2 weeks

Immediate
Exhaustion

How long
2 days

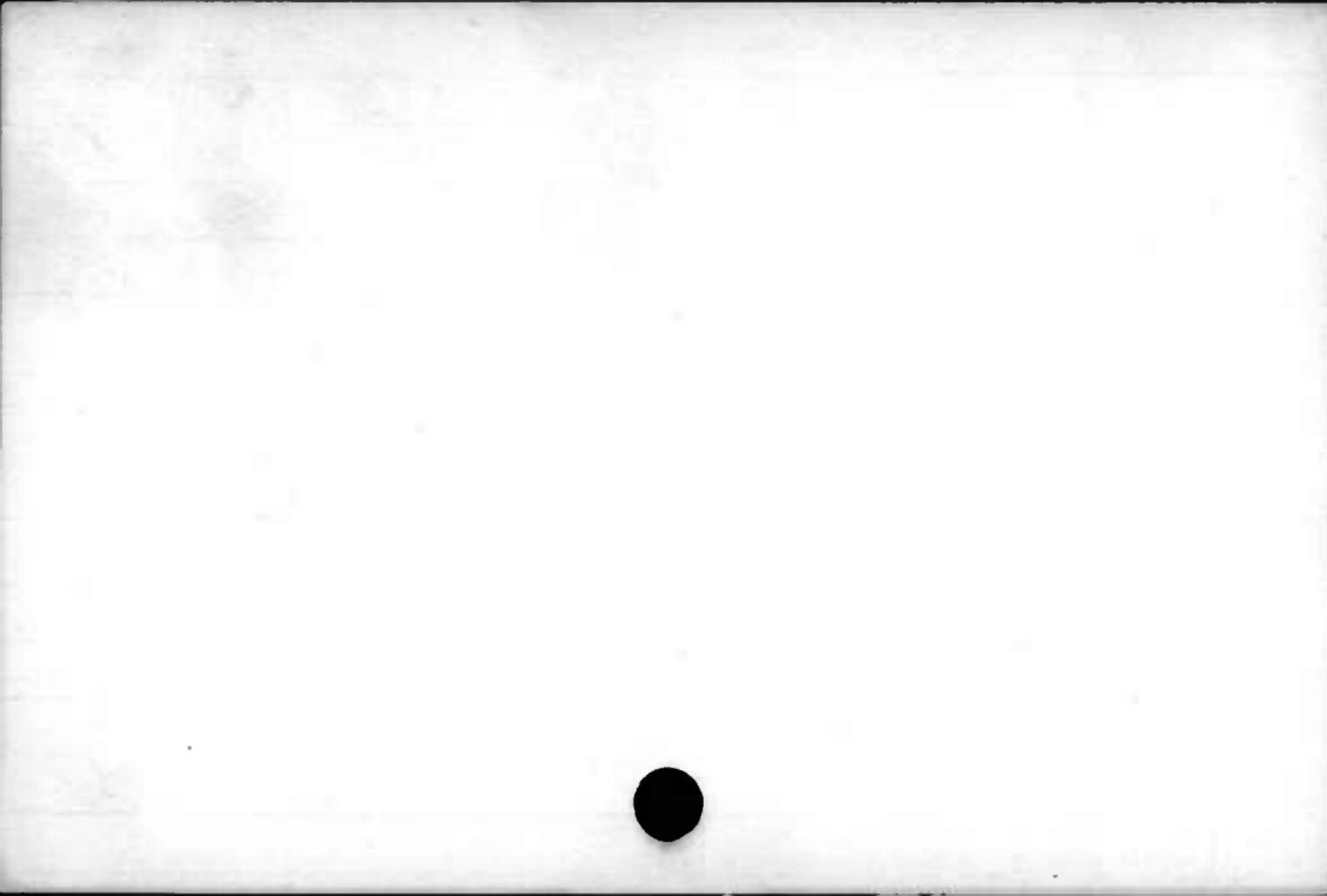
Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician
E. J. Duse

Address
Cumberland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Cumberland</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death 1902	Month <u>Dec.</u>	Day <u>4</u>	Age	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation				
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	<u>J. C. Constan</u>			Father's Birthplace <u>151</u>		
Mother's Maiden Name	<u>Hensrte</u>			Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

Primary

Emotional birth

How long

Immediate

How long

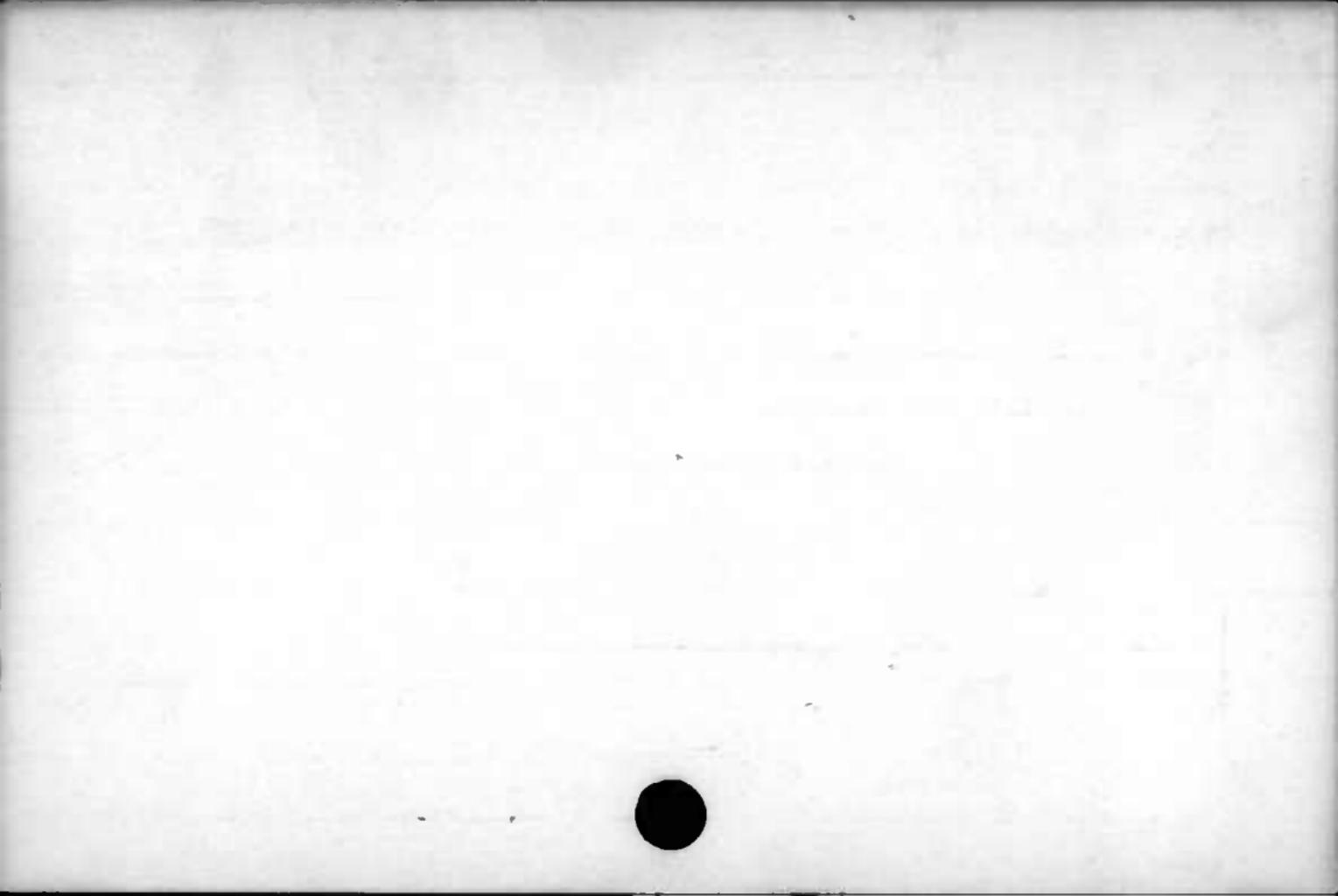
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. C. Hodges
Cumberland Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

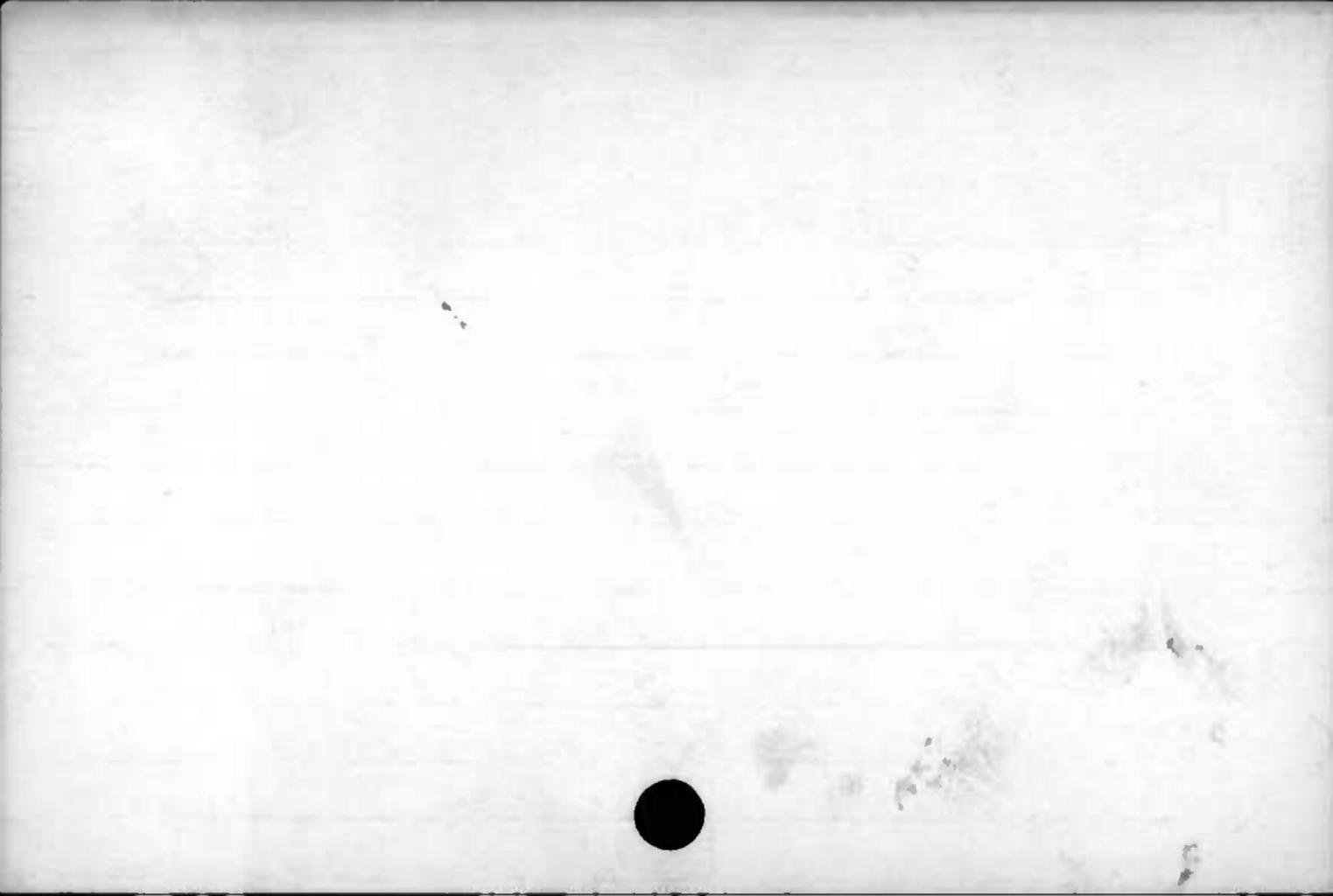
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death 1902	Month Dec.	Day 4	Age	Months	Days
Sex Female	Color or Race White	Occupation <i>Dairymaid</i>			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	<i>J. G. Lemler</i>				
Mother's Maiden Name	<i>Hensore</i>				
Name of person giving information					

CAUSES OF DEATH

Primary <i>Premature birth</i>	How long 151
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Bill Hodges</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Alfred Davis

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Dec

22

Age 66

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

66.

How long sick

13 days

Death

Immediate

debility.

Accident, Suicide, Homicide

Reported by

Dr B C Miller

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Perry Deal
Town Almshouse County Allegany

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

Dec. 14

Age
Merried

77.

Widow

Divorced

Male

White

Female

Colored

Single

Widower

Number of children living

Husband
of .

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

b.b.

How long sick

Two years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J.W. Spear,

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John Dinning

Town

County

Died at

Lonaconing

Allegany

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1902 Dec.

17th

59

9

18

Sex

Male

Color or
Race

White

Birth-
place

Scotland

Married, Single
or Widowed

Married

Occupation

Stable Boss

Name of Wife
Husband

Jane Houston

Father's
Name

John Dinning 45

Father's
Birthplace

Scotland

Mother's
Maiden Name

Jane Caldwell

Mother's
Birthplace

Scotland

Name of person giving
Information

Jane Dinning

How related
to deceased

wife.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Bladder

How long

One year

Immediate

Strangulation

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. B. Skilling

Lonaconing

Accident or Suicide?



Name
in
Full

Sefur Dowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gumboldsund</u>		County <u>allegany</u>		MARYLAND	
Date of death 1902	Month Dec.	Day 4	Age 16	Years	Months Days
Sex Female	Color or Race White	Birth-place <u>Gumboldsund</u>			
Married, Single or Widowed Single	Occupation School Girl				
Name of Wife or Husband					
Father's Name <u>George Dowers</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name	Mother's Birthplace <u>Md</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis of Lung's How long 1 year

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

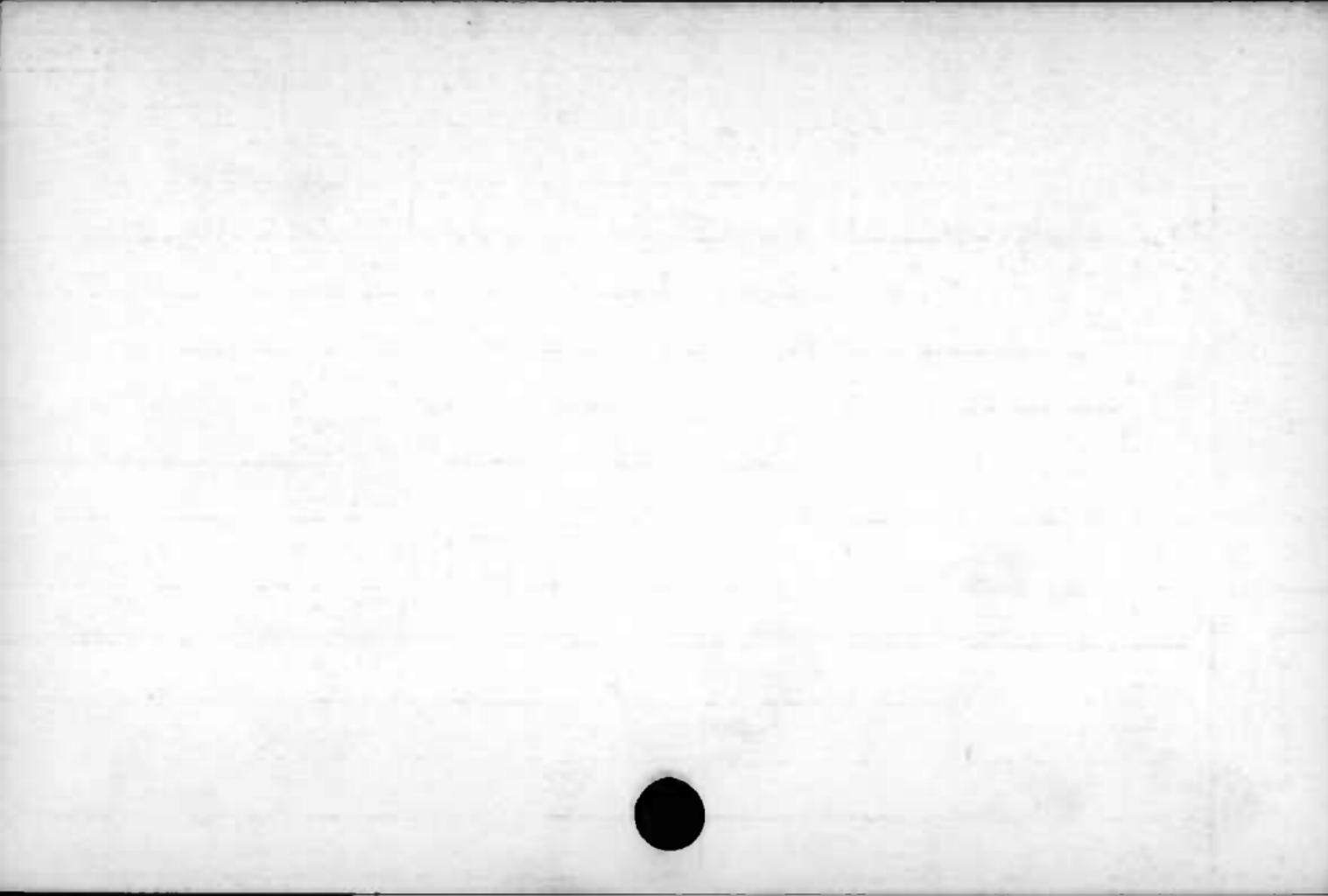
yes

Signature of Physician

Address

Mac. W. Boardman
Gumboldsund
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed	Name				
Name of Wife or Husband	Louisa Engle				
Father's Name	John Engle		Father's Birthplace	Germany	
Mother's Maiden Name	Mathia Cooke		Mother's Birthplace	Germany	
Name of person giving information	Andrew Engle		How related to deceased	Son	
CAUSES OF DEATH					
Primary	Lynx Debility 15+		How long	Some years	
Immediate	Cystitis		How long	Several months	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. C. Cobey	
			Address	Baltimore Md.	
Accident or Suicide?					

Le Tucke
Gen. S. H.

Name
in
Full

JAMES C Flannigan

CERTIFICATE OF DEATH

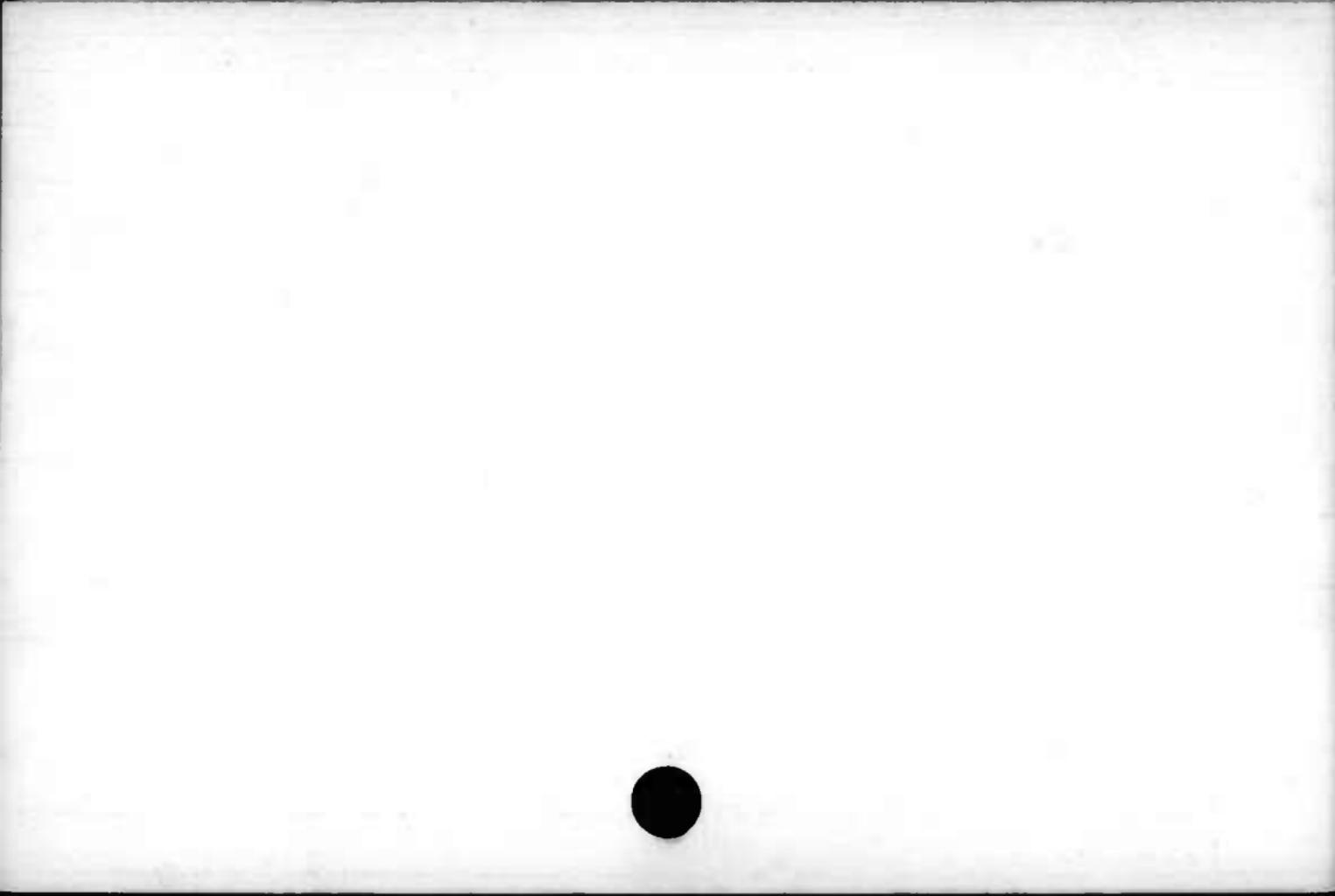
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Midland	allegany,			
Date of death 1902	Month Dec	Day 8 th	Years 2	Months 7	Days 4
Sex	Male	Color or Race	White	Birth- place	Midland,
Married, Single, or Widowed				Occupation	
Name of Wife or Husband					
Father's Name	George Flannigan,			Father's Birthplace	Ohio
Mother's Maiden Name				Mother's Birthplace	Ohio
Name of person giving Information	Father, 16			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scalded by Hot Water	How long several hours
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. C. Adelstrager.</i>	
	Address <i>Midland, Md.</i>	
Accident or Suicide?	9	



Name
in
Full

Russel Gaiter

CERTIFICATE OF DEATH

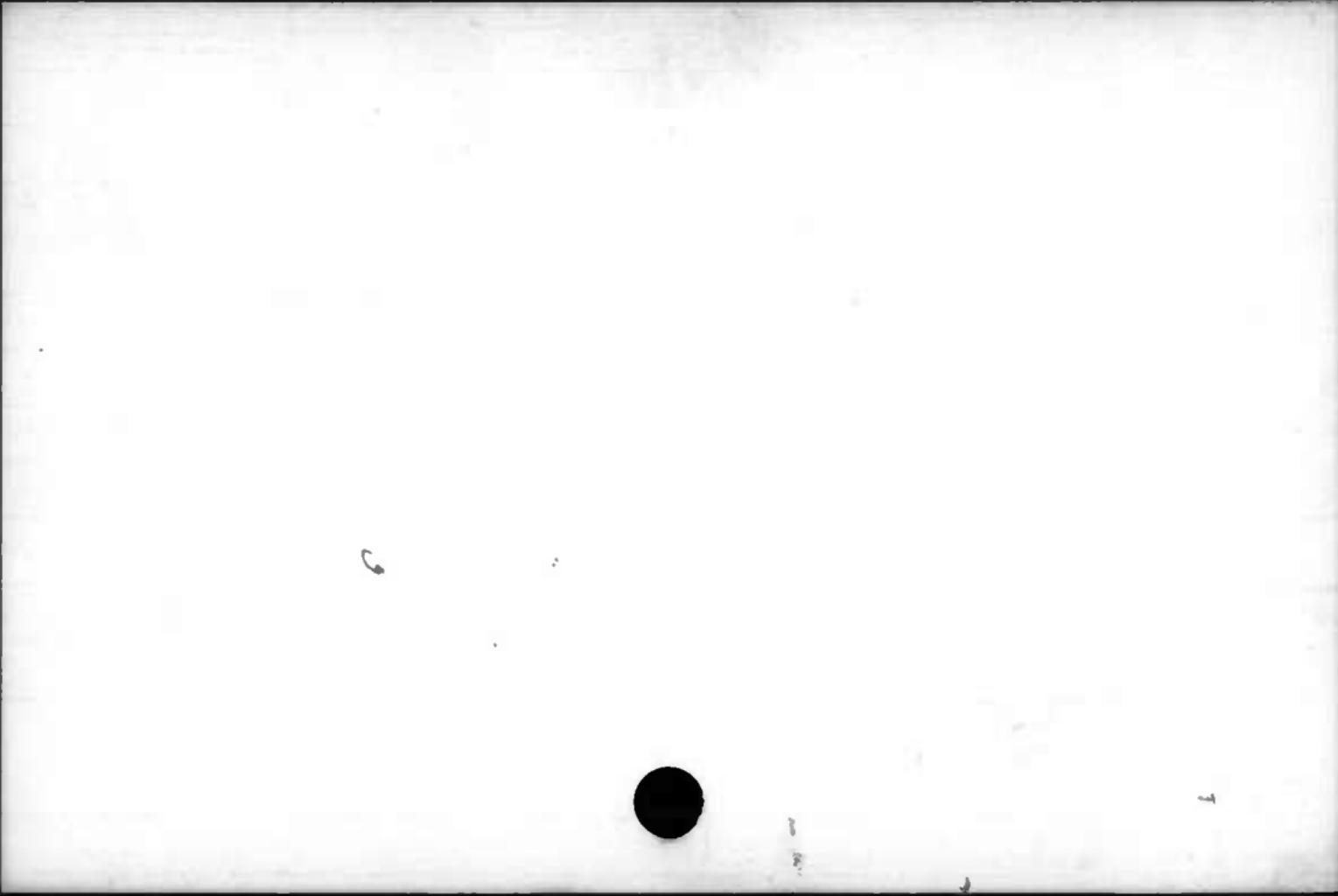
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Dec	Day 8	Age 38	Years —	Months — Days —
Sex Male	Color or Race Calond	Occupation Labour	Birth-place Cumbland		
Married, Single or Widowed Married					
Name of Wife or Husband	Dont Know				
Father's Name	"	"	Father's Birthplace	—	
Mother's Maiden Name	"	"	Mother's Birthplace	—	
Name of person giving information	Thomas Lewis		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pleurisy with effusion	How long	14 months
Immediate	Empyema right side	How long	3 or 4 mos.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur H. Hawkins
		Address	Cumbland, Md.
Accident or Suicide?	no		



Name
in
Full

Mary E. Haldeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 12	Day 20	Age 83	Years —	Months — Days —
Sex Female	Color or Race White	Birth-place			
Married, Single or Widowed Widow	Occupation Housewife				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information Mary Haldeman				How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Neuralgia ~~110~~ 15L

How long

2 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

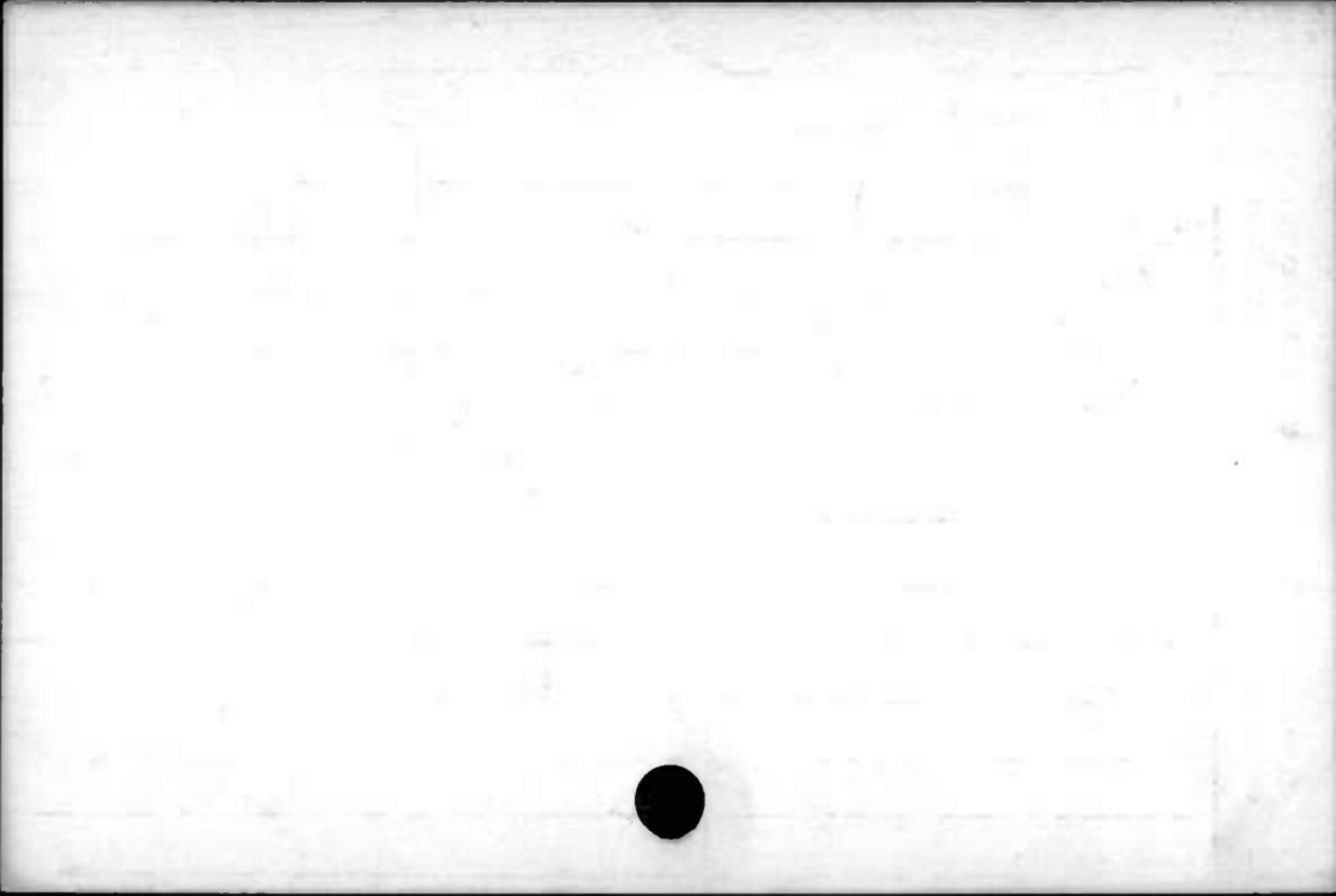
Address

J.M. Spear

Cumberland

MR

Accident or Suicide?



Name
in
Full

John Hoskins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u>		Town	County <u>allegany</u>	MARYLAND	
Date of death <u>1902</u>	Month <u>15</u>	Day <u>1</u>	Age <u>77</u> Years	Months <u>4</u>	Days <u>4</u>
Sex <u>M -</u>	Color or Race <u>white</u>	Occupation <u>Merchant</u>	Birth-place <u>Scotland</u>		
Married, Single or Widowed <u>Married</u>					
Name of Wife or Husband <u>Elizabeth Hoskins</u>					
Father's Name <u>—</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>Chas. Decker</u>	15+			How related to deceased <u>Son in law</u>	

CAUSES OF DEATH

Primary	<u>"Rd agr' - Break down</u>	How long	<u>2 yrs.</u>
Immediate	<u>Found dead</u>	How long	<u>—</u>

PHYSICIAN
OR CORONER



Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jos. Blau
Frostburg Ad.

Accident or Suicide?

6. F. 7
alley

Name
in
Full

Richard Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Allegany		Maryland		
Date of death 1902	Month 12	Day 31	Age 21	Years 7	Months 7	Days 1
Sex Male	Color or Race White	Occupation		Lived		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Richard L. Jones		Father's Birthplace		Penns	
Mother's Maiden Name	Lulu Jeffries		Mother's Birthplace		Md	
Name of person giving information	Jethro Jeffries		How related to deceased		Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

How long

12 days.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Tom Lane M.D.
Hrostburg Md.



Accident or Suicide?

b. St. Michael
Alleg

Albert Roy Knotts,
Town County

Died at Cumberland MARYLAND
Month Day Y. M. D. Native of

Date 19 02 Dec. 1 Age 3 6 25 Md. Occupation

Male	White	Married	Widow	Divorced	None,
Female	Colored	Single	Widower	Number of children living	

Husband of _____

Wife _____

Father's

Name Steven E. Knott

Mother's

Maiden Name

Mary E. TAYLOR.

How long sick

4 Days,

Accident, Suicide, Homicide

Cause of

Primary Chronic Nephritis 120

Death

Immediate Exhaustion from Urinary Disease

Reported by

Geo. L. Broadus Jr.

Address

100 Va. Ave.

Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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1

Name
in
Full

Marguerite Loar

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month Dec.	Day 13	Years 72	Months 3
Sex Female	Color or Race White	Occupation House Wife	Days 4	
Married, Single or Widowed Married	Name of Wife or Husband John Loar			
Father's Name Jacob Loar	Father's Birthplace Maryland			
Mother's Maiden Name Marguerite Long	Mother's Birthplace Maryland			
Name of person giving Information Henry Loar	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Atherosclerosis.	How long Six weeks.
Immediate Hemiplegia	How long 5 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. S. Howard M.D. Address Eagle Summit Maryland
Accident or Suicide?	

Walt Simard
S.M.

Name in Full

Certificate of Death

~~Bryce~~
~~Child of James R. McBee,~~

Town

Cumberland

County

allegany

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Date 1902

12

10

Age

—

20

End.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1.

Husband
of

Wife

Father's
Name

James R. McBee

Mother's

Maiden Name

Cause of

Primary

Gastro enteritis

How long sick

about 3 days.

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. S. Wailes

Address

Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas Malloy.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Dec	Day 8	Years 23	Months 8	Days 26
Sex Male	Color or Race White	Birth-place Lonaconing, Md			
Married, Single or Widowed	Occupation Miner				
Name of Wife or Husband					
Father's Name	Thomas Malloy Sr.			Father's Birthplace	England.
Mother's Maiden Name	Margant Mc Ginn			Mother's Birthplace	Maryland
Name of person giving information	166			How related to deceased	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Killed by Fall of coal in Mine

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

You

Signature of Physician

Address

E.C. Adelberger.

Midland, Md.

Accident or Suicide?



Name
in
Full

Theodore A. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1902	Month 12	Day 2	Years 56 Months — Days —
Sex Male	Color or Race White	Birth-place Winchester Va	
Married, Single or Widowed	Occupation Carpenter		
Name of Wife or Husband Catherine Miller.			
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		Brother-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of death	How long
Did not see deceased until after death. Cause of death was Heart Disease Died Suddenly	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	W.O. Maye
	Address Frostburg Md
Accident or Suicide?	

C. F. Nickel,

Allegany.



Name
in
Full

Ducrotia Klagau

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1902		Month 12	Day 24	Age 57	Years	Months	Days
Sex Female		Color or Race	9h		Birth- place	MD	
Married, Single or Widowed	Widowed	Occupation		Inmate of Asylum.			
Name of Wife or Husband							
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Indigestion Acute

How long

2 hour

Immediate

Paroxysm of heat

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

M. F. Turgeon

Address

Cumberland,
MD,

Accident or Suicide?



Name
in
Full

Geo. W. Morris

CERTIFICATE OF DEATH

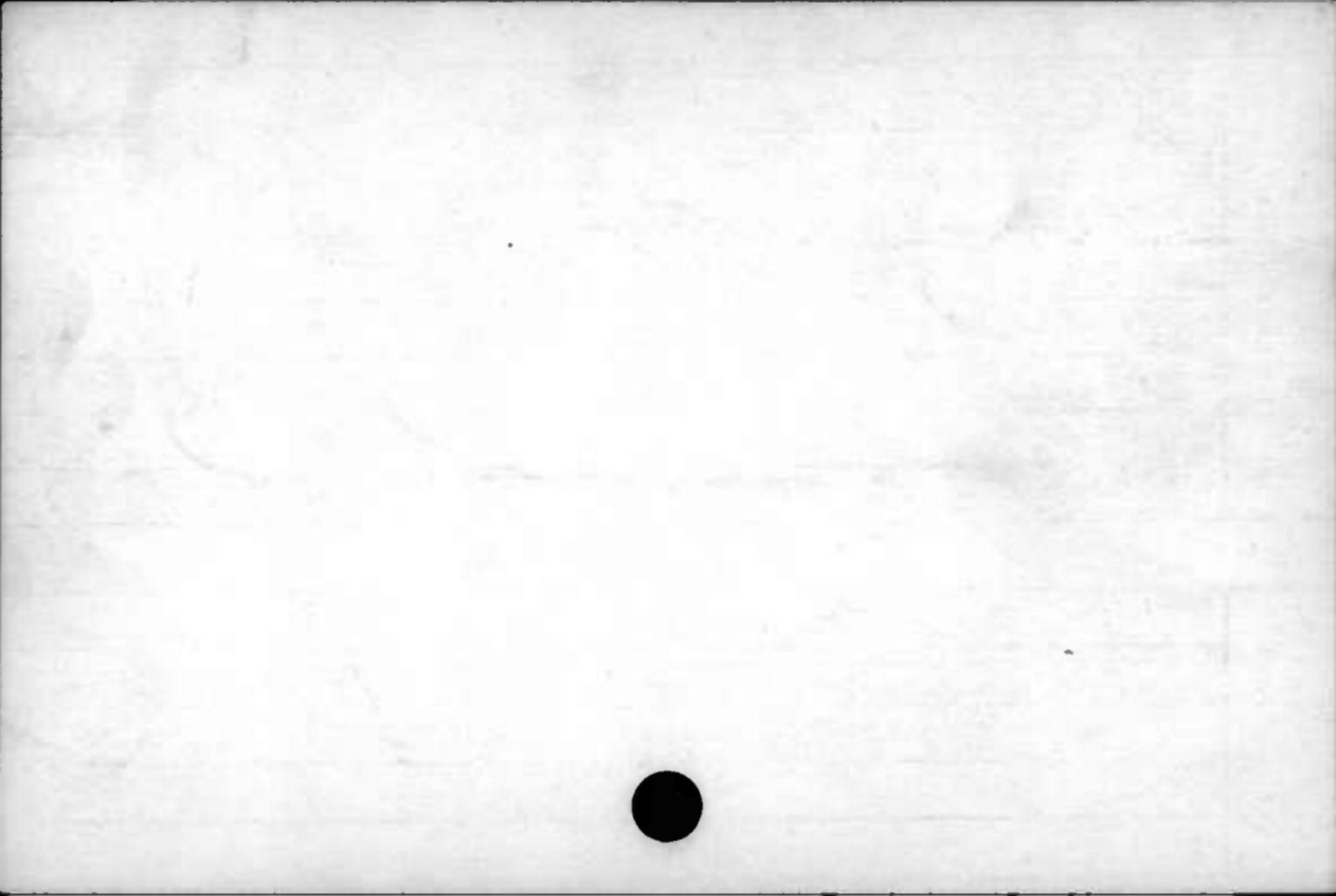
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 2	Day 12	Years 56	Months	Days
Sex male	Color or Race white	Birth-place Allegany Co			
Married Single or Widowed Widower	Occupation Painter				
Name of Wife or Husband					
Father's Name	David R. Morris	Father's Birthplace			
Mother's Maiden Name	Hattie Maynard	Mother's Birthplace			
Name of person giving Information	J. O. Rodney	How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular insufficiency		How long	1 yr
Immediate	Gangrene		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. S. Delaplane, M.D.	
		Address	Cumberland, Md.	
Accident or Suicide?				



Name
in
Full

Damund Ojiby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1902	Month Dec	Day 18	Years 84	Age	Months	Days	
Sex Male	Color or Race White	Birth- place Md					
Married, Single or Widowed Married	Occupation						
Name of Wife or Husband	—						
Father's Name	15+		Father's Birthplace		—		
Mother's Maiden Name	—		Mother's Birthplace		—		
Name of person giving Information	Mr. M. W. Day		How related to deceased		Son-in-law		
CAUSES OF DEATH							
Primary	Final examination		How long		—		
Immediate	—		How long		—		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?
Yes

Signature of
Physician
W. M. M. Day

Address
Baltimore, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Age	Years	Months	Days	
2 Dec		20	—	7	—	—	
Sex	Female	Color or Race	White		Birth- place	Lonaconing,	
Married, Single or Widowed	—	Occupation		———			
Name of Wife Husband	—						
Father's Name	James Percy		Father's Birthplace		Lonaconing,		
Mother's Maiden Name	Audelia Guscroft		Mother's Birthplace		The old Fuller,		
Name of person giving Information	James Percy		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Atherosclerosis 92

How long

6 months

Immediate

Epidemic Bronchitis

How long

10 days

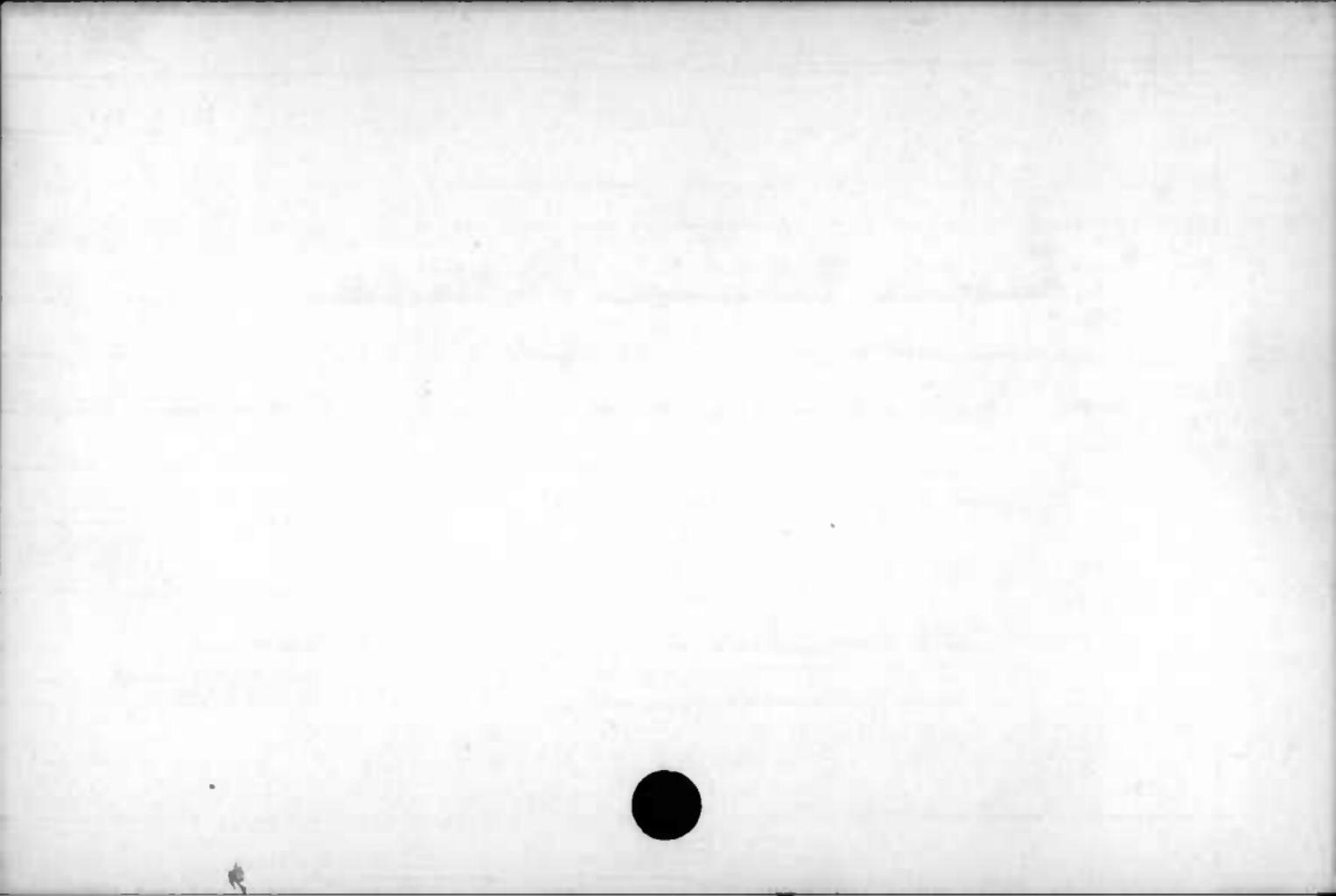
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. D. Killings,
Lonaconing.

Accident or Suicide?



Name in Full

Certificate of Death

Leoma Gertrude Pettit -

Town
Cumbd

County

Area

MARYLAND

Died at

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Dec	28	2	8	-	md	None
Male	White	Married	Widow	Divorced			
Female	Caled	Single	Widower			Number of children living	

Husband of

Wife

Father's Name

R. B. Pettit -

Mother's Maiden Name

Martha McDougan

Cause of

Primary

Diabetes

How long sick

2 weeks

Death

Immediate

Exhaustion

50

Accident, Suicide, Homicide

Reported by

C. H. Brauer M.D.

Address

Cumbd

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

R. G. Piper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1902	Month Dec.	Day 4	Age 64	Years	Months	Days
Sex Male	Color or Race White		Birth-place Ellicottown			
Married, Single or Widowed Widower	Occupation Blacksmith					
Name of Wife or Husband						
Father's Name Michael J. Piper			Father's Birthplace Unknown			
Mother's Maiden Name Ruth Stump			Mother's Birthplace Springfield			
Name of person giving information J. A. Piper			How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Probably Rheumatism followed by chronic rhabdomyolysis

How long

Indefinite

Immediate

Loss of compensation (Heart failure)

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

C. H. Weinger

Cumberland, Md.

Accident or Suicide?



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Cumberland

Allegany

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Wm Brown

Mother's

Maiden Name

Maud Price

Cause of

Primary

Stillborn

How long sick

Death

Immediate



Accident, Suicide, Homicide

Reported by



J M Price
Cumberland, Md

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ernest Priesthorn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month dec	Day 31	Years	Months	Days
Sex Male	Color or Race White	Age	14		
Married, Single or Widowed Single	Occupation		Birth- place	Cumberland,	
Name of Wife or Husband			Father's Name	Father's Birthplace	
Fernarr Priesthorn			Matilda Norman	Alb	
Mother's Maiden Name			Emma Norman	N.Y.	
Name of person giving Information			How related to deceased		
			wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

151

How long

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. H. Spear
Cumberland, Md

*Accident or Suicide?

28 County 167

Wm Reed
Town Frederick

County

Alleg

MARYLAND

Died at

Date 19

Month 02 Day 12-22Y. 7 M. 3

D.

Native of
Fbg

Occupation

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Elmer ConderMother's Maiden Name
Annie Lewis

Cause of Death

Primary

Diphtheria9a

How long sick

4 weeks

Immediate

Endocarditis-nephritis

Accident, Suicide, Homicide

Reported by

S Griff (Convulsions)

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

G.M.

Allegany

Name
in
Full

David W. K. Robison

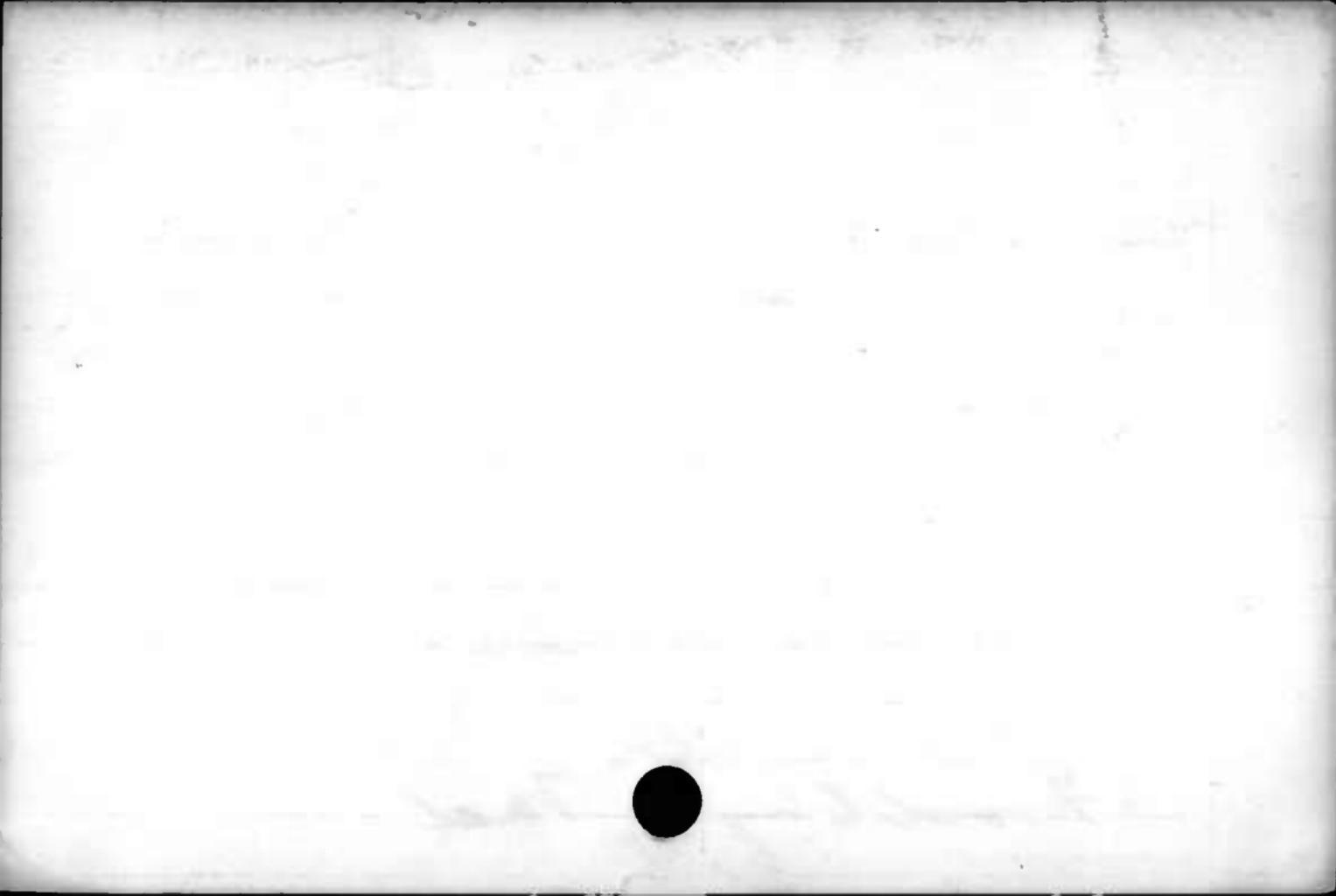
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month Dec	Day 15	Years 14
Sex Male	Color or Race White	Birth-place Midland, Md.	Months 8 Days
Married, Single or Widowed Single	Occupation —		
Name of Wife or Husband			
Father's Name	Samuel Robison	Father's Birthplace	Maryland
Mother's Maiden Name	Annie K. Storcky	Mother's Birthplace	Pennsylvania
Name of person giving information	Mrs. Samuel Robison	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic bronchitis	93	How long Four weeks
	Immediate	In anusion		How long Four days
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	E. Adelberger
			Address	Midland, Md.
Accident or Suicide?				



<i>Rose</i>			County	<i>Alley</i>	MARYLAND	
Died at	Town	Month	Day	Y. M. D.	Native of	
Date 19	<i>Frostburg</i>	<i>Dec</i>	<i>28</i>	<i>28.3.26</i>	<i>America</i>	
					Occupation	
					<i>House wife</i>	
	Female	White	Colored	Married	Widow	
				Sing.	Widower	
					Divorced	
					Number of children living	
					<i>2</i>	
Husband of	<i>Wm Rose 191</i>					
Wife						
Father's Name	<i>Mr. Weis</i>					Mother's Maiden Name
Death	<u>Pneumoperitoneum</u>					How long sick <i>30 hours</i>
Cause of Death	Primary					Accident, Suicide, Homicide
Reported by	<i>J. Griffith</i>					
Address	<i>Frostburg Md</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

C. F. N.
Alleg

Bessie Runkles

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month
12Day
7Y.
19

M.

D.

Native of
I amOccupation
Housewife

White

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Thos J Runkles

Mother's

Maiden Name

Cause of

Primary

Haemoptysis

99

How long sick

not at all

Death

Immediate

Suffocation

Accident, Suicide, Homicide

Reported by

Address

Dr. Jean W. D.
Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eduard Schuckes

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Dec

Age

20

Male

White

~~Colored~~

Married

Widow

Divorced

Number of children living

~~Female~~

Single

Widower

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

5 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr B C Miller

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rebecca Shaper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Cumberland,	Allegheny		Months	Days	
Date of death 1902	Month Dec	Day 4	Years	Age	70
Sex Female	Color or Race	White	Birth- place	W. Va.	
Married, Single or Widowed	Occupation			Widow, Housekeeper	
Name of Husband	D. P. Shaper				
Father's Name	Adam Bell			Father's Birthplace	W. Va.
Mother's Maiden Name				Mother's Birthplace	—
Name of person giving Information	Mrs. Chas. Shaper			How related to deceased	Daughter-in-law.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

9 Days

Immediate

Exhaustion

How long

24 hr

Are the name, age, sex, color, date
and place correctly given above?

(Yes)

Signature of
Physician

Address

W. F. Twigg,
Cumberland,
Md.

Accident or Suicide?



Adreal Socks

To

County

MARYLAND

Died at

Frostburg, Allegany

Month

Day

Y.

M.

D.

Native of,

Occupation

Date 19 02

12

31

Aga

43

Widow

Polish

Male

White

Married

Widow

Female

Divorced

Single

Widower

Divorced

Number of children living

4

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cancer

How long sick

6 months -

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr Prince Jr*Frostburg*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Faht. J. New. Stars

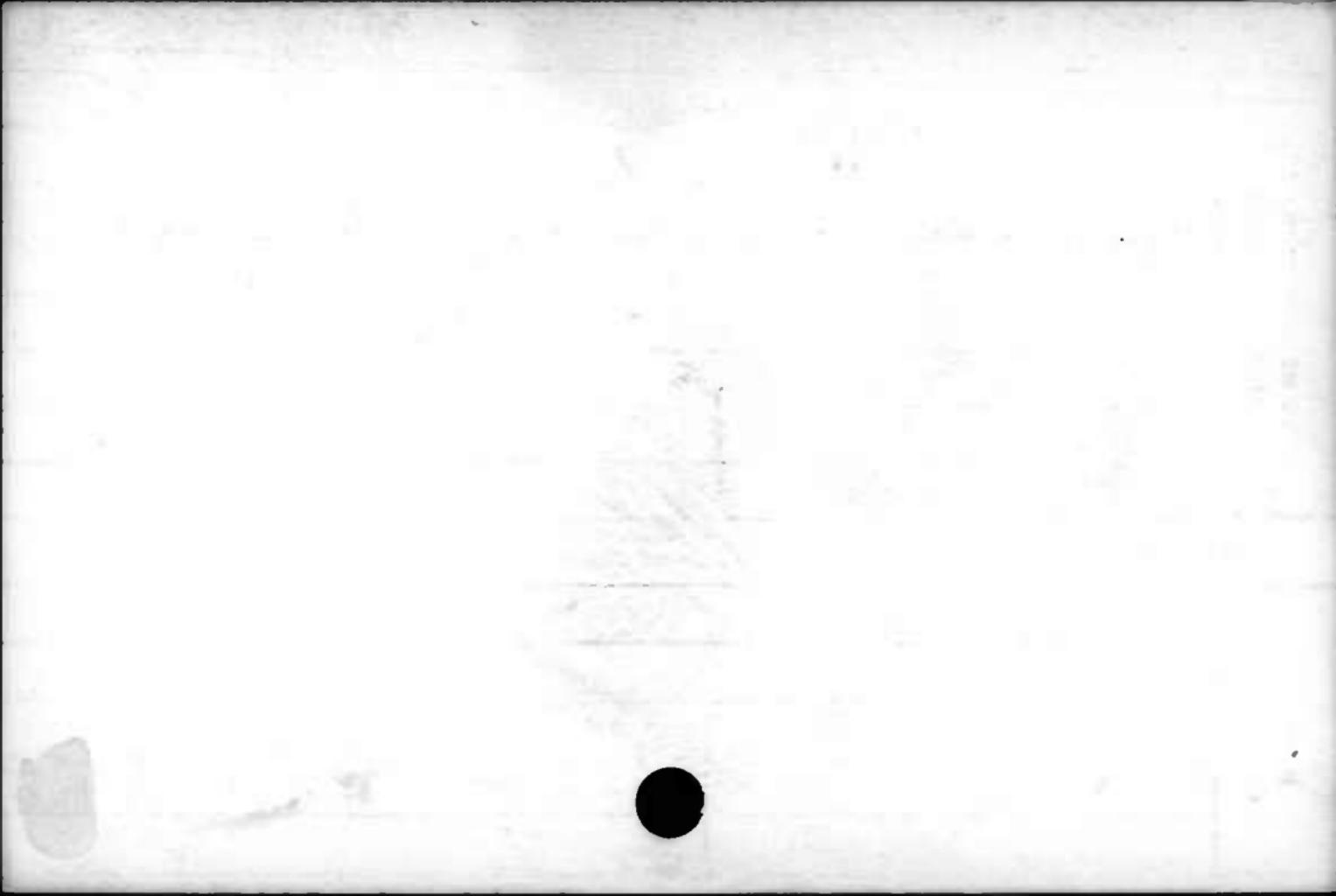
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Lumbard.	allegany			
Date of death	Month	Day	Years	Months	Days
1902	Dec.	28	Age	4	11
Sex	Male	Color or Race	White	Birth-place	Lumbard. Md
Married, Single or Widowed	Single	Occupation	Child		
Name of Wife or Husband					
Father's Name	Faht Stars	Father's Birthplace	Md.		
Mother's Maiden Name	Bernadine Wooly	Mother's Birthplace	Md		
Name of person giving Information	How related to deceased				
	Aunt				

CAUSES OF DEATH

Primary	Grenmania	93	How long	5 days
Immediate	X haeslair		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Mrs. W. Fow, 300	
		Address	Lumbard.	
Accident or Suicide?			M.	



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

Month

Day

of death 190

12

23

County

6. F. n.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harry Lwig

Town

Cumberland

CERTIFICATE OF DEATH

MARYLAND

Died at

County

Allegany

Date
of death

Month

Day

Years

Age

2-3

Months

Days

1902

12

20

—

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

Father's
Name

Bernard

Father's
Birthplace

Maryland

Mother's
Maiden Name

116

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

R.R. accident

How long

Sick

Immediate

Shock from amputation

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yu

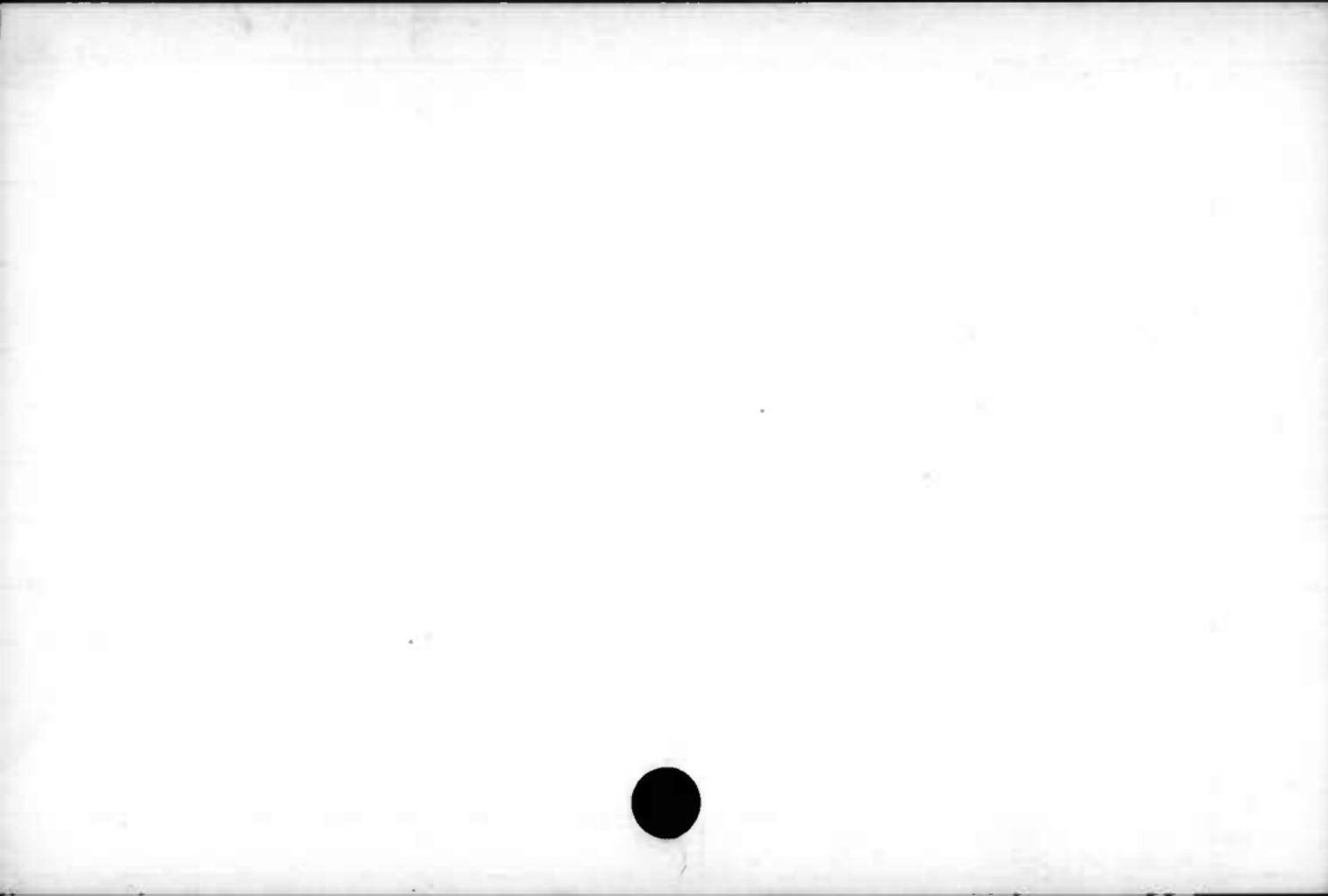
Signature of
Physician

Address

J. M. Spear

Cumberland

Accident or Suicide?



Name
in
Full

Francis V. Veltri

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Drown		Allegany		MARYLAND	
Date of death 190	Month 12	Day 30	Years	Months	Days	
Sex	male	Color or Race	White	Birth-place	Md	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Palito Veltri.		Father's Birthplace	Staly.		
Mother's Maiden Name	Margret Veltri		Mother's Birthplace	Staly.		
Name of person giving information	Palito		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition	151	How long	2 wks.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. O. M. Lane M.D.	
		Address	Frostburg Md.	
Accident or Suicide?				

L. F. Neckel
Catholic C

Name
in
Full

Isabella Webster

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Allegany.	MARYLAND
Date of death 1902	Month 12	Day 23	Years 17 Months Days
Sex	Female	Color or Race	Black Birth-place W. Va
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	John Webster	Father's Birthplace	W. Va
Mother's Maiden Name	Mary Webster	Mother's Birthplace	W. Va
Name of person giving Information	Father	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption & Heart Failure		How long 5 months
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wom Lane M.D.
		Address	Frostburg Md
Accident or Suicide?			

C. H. 71
Aug

Name
in
Full

Tommy Nickard

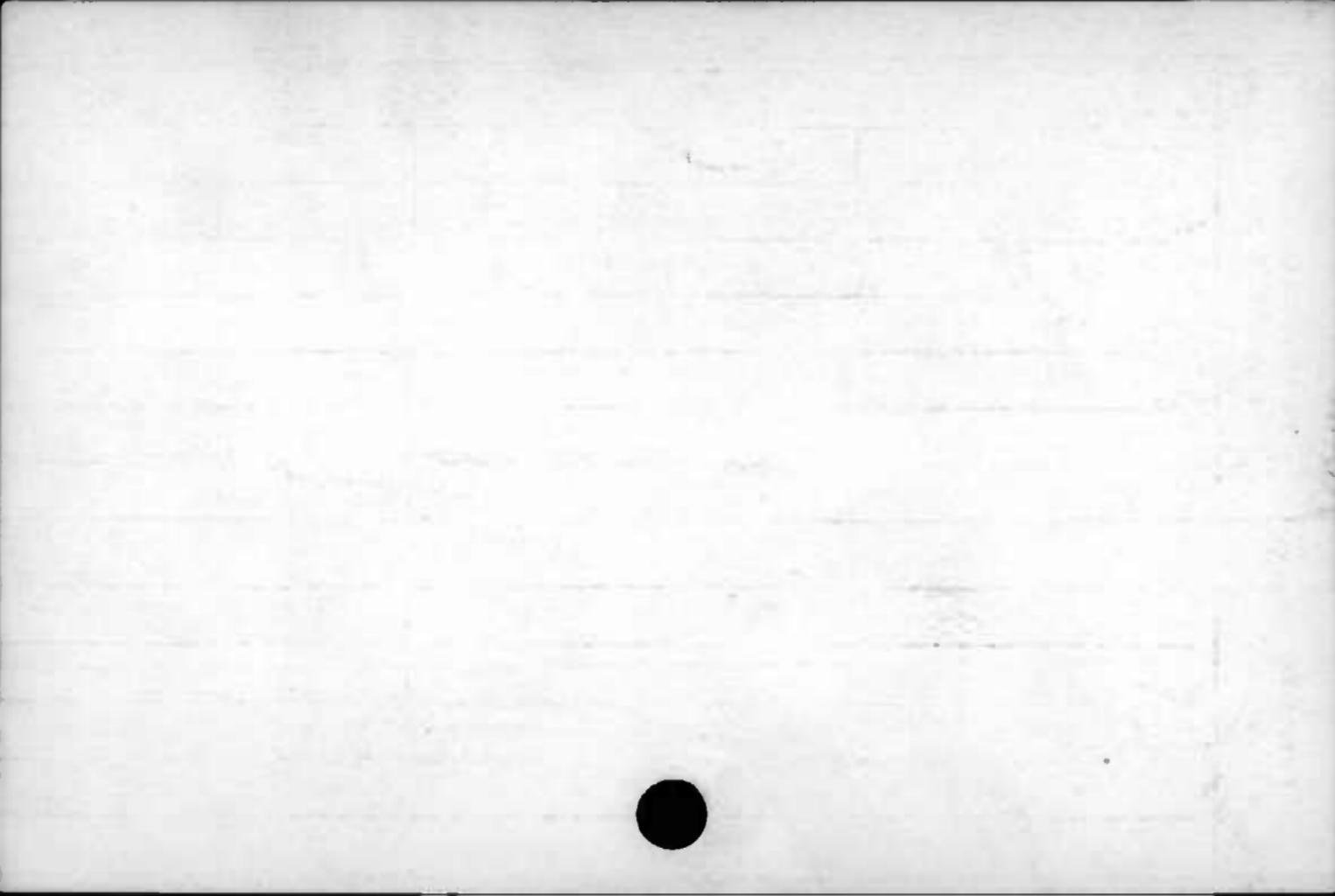
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County		MARYLAND		
Lumberton,	allegany				
Date of death 1907	Month Dec.	Day 14	Years Age 32	Months	Days
Sex Male	Color or Race	White		Birth- place	Lumberton, Md
Married, Single or Widowed	Occupation		Railroad		
Married					
Name of Wife or Husband	Annis Nickard				
Father's Name	Euseb Nickard		Father's Birthplace	Md	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	AB		How related to deceased		

CAUSES OF DEATH

Primary	Occuring	How long	10 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thos. W. Dow, M.D.
		Address	Lumberton, Md.
Accident or Suicide?			



John Wiesenmiller

Town

Cumberland

County

Alleg

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Dec 15

Age

- - 1

ms

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name*Ed Wiesenmiller*Mother's
Maiden Name*Anna E. Coveney*

Cause of

Primary

Granitium (7 mo)

How long sick

Death

Immediate

*Exhaustion**immediat-*

Accident, Suicide, Homicide

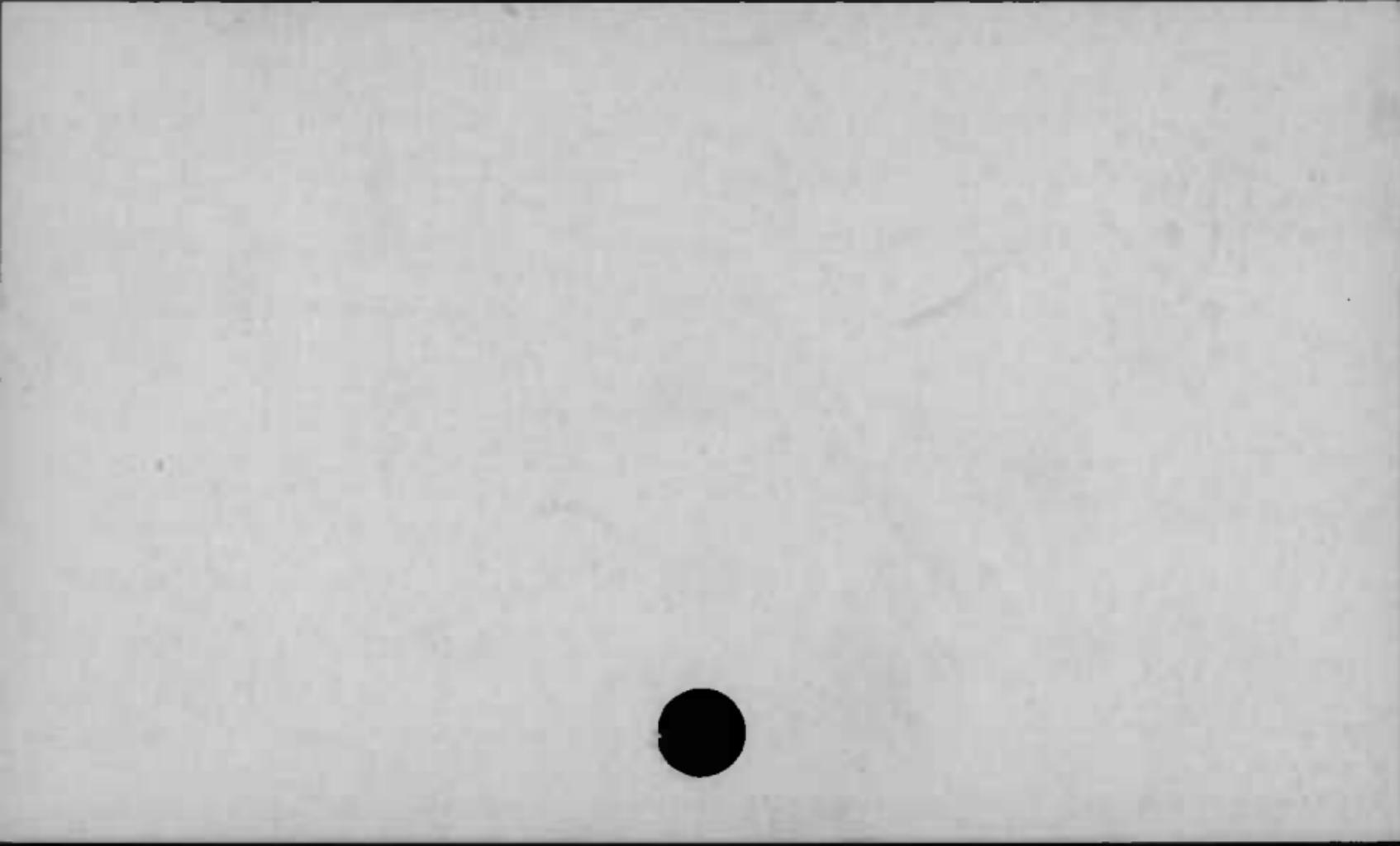
Reported by

*ChBrace M D**151*

Address

*Cumberland**ms*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Benjamin F. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Midlothian</u>		County <u>Alleghany</u>		MARYLAND		
Date of death <u>1902</u>	Month <u>Dec.</u>	Day <u>30</u>	Years <u>62</u>	Months <u>11</u>	Days <u>24</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>				
Married, Single or Widowed <u>Married</u>	Occupation <u>Blacksmith</u>					
Name of Wife or Husband <u>Mary Wilson</u>						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased <u>go</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Angina Pectoris

How long

15 minutes

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. F. L. Chene
Midlothian
Ind.

Accident or Suicide?

B. F. Nichols

Name
in
Full

Unnamed (stillborn)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at <u>Cumberland</u>	County <u>Allegany</u>				
Date <u>Dec 4</u> of death 1902	Month <u>12</u>	Day <u>4</u>	Age <u>Years</u> <u>today</u>	Months <u>0</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Cumberland</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>none</u>				
Name of Wife or Husband _____					
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Italy</u>				
Name of person giving information <u>Rosa Santalla</u>	How related to deceased <u>mosher</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Birth

How long

—

Immediate

D.

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. M. Spear

Cumberland

MD

Accident or Suicide?

